

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 27 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000006 7696

1. Corporation Name

Acquired Holdings, Inc.

600009715686
12/27/02--01046--004 **750.00

REINSTATEMENT

02

2. Principal Office Address

12301 NW 12th Street

Suite, Apt. #, etc.

3. Mailing Office Address

12301 NW 12th Street

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33321

Country

USA

Zip

33321

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/14/1999

5. FEI Number

65-0966846

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randy Anglin

Street Address (P.O. Box Number is Not Acceptable)

12301 NW 12th Street

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33321

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Date 12/19/2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Randy Anglin	12301 NW 12th Street	Plantatin, FL 33321

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/2002 954-478-1462

Date

Daytime Phone #

CR2E081 (9/01)

2/12